

PLEASE USE CAPITAL LETTERS WHEN COMPLETING THIS FORM

Name of User Group:						
Your name:						
Your address:						
Postcode:						
E-mail address:						
Home phone:				Mobile:		
If you are a Registered Charity what is your Charity Reg. No?						
What is the age range of the people attending your group?						
Is your group on the <u>COMMUNITY REGISTRATION SCHEME</u> with Milton Keynes Council? (See conditions of hire)						YES/NO (attach a copy of certificate)
Does your group require you or any other helper to be DBS checked?						YES/NO (provide on a separate sheet all DBS numbers and expiry date for each person)
Room required:						
Date of commencement of hire: (DD/MM/YY)						
Days of the week required (please circle)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start time (to include set up and clear up)			Finish time			
Term time only? (please circle)			Yes/No			
Other exclusion dates (inc. holidays etc.)						

DECLARATION:

By signing this application, I agree to comply with the Terms and Conditions of Hire and Fire Safety Procedures attached. I also confirm that adequate Public Liability Insurance (PLI) and any other relevant insurances and licences are held. Certificates must be shown and copies kept at the Centre. I understand that I will be invoiced on the first working day of each month and that payment must be received within 7 days.

DEPOSIT MUST BE PAID WHEN BOOKING FORM IS SUBMITTED.

Signed: _____ Print Name: _____ Date: _____

Official Use Only:

Deposit amount:		Deposit paid:		Deposit returned:	
Public liability?	Expires:	DBSs provided?	Yes/No	Registration Scheme?	Yes/No